

215655

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 113 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas Martin

Telephone: 843 650-0835

Address: 3513 Arrowhead Blvd.

Fax: _____

Myrtle Beach SC
29579

Other: 631 820-1979 (CELL)

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: <u> </u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 2/12, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Tom Martin DBA Tom's Taxi

2. (a) Street Address of Applicant 3513 Arrowhead Blvd

Myrtle Beach S.C 29579

(b) Mailing address, if different from street address _____

(c) Telephone Number 843 650-0835 Fed IL _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
Cell 631-820-1979

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NA

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: _____ Year: _____

Assets:	
Cash	10,000
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	2 @ 15,000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	25,000
Liabilities and Equity:	
Accounts Payable	-
Notes Payable	-
Mortgages Payable	-
Equipment Obligations	-
Accrued Salaries and Wages	-
Other Accrued Obligations	-
Other Liabilities	-
Total Liabilities	-
Capital Stock	-
Retained Earnings	-
Total Equity	-
Total Liabilities and Equity	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Thomas Martin, owner
(Name of Applicant's Representative) (Title)

of Thomas Martin, the Applicant for the Certificate of Public
(Applicant) DBA Tom M.

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Myrtle Beach

This the 16 day of March 2007

James D. Duggan
(Notary Public)

Thomas Martin
(Signature of Applicant's Representative)

Commission Expires: 9/12/15

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Tom martin / Tom's Taxi

For the transportation of passengers as follows:

Area to be served: UNLimitedon occasion other areas of StateNumber of passengers: 4-8Fares: 2.80 per mile \$1.00 Extra per
Extra PassengerDate 2/12/09 Thomas Martin
Byowner
Title

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Thomas Norton
(Applicant)

Date: 2/12/00

(Applicant's Representative)

DWARK
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Tom Martin, dba: Tom's Taxi
(Name of Motor Carrier)

3513 Arrowhead Blvd, MB, SC 29579
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 6,018.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canas Ins.
(Insurance Company Name)

P.O. Box 7, Greenwood, SC 29602
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/6/09 
Date (Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: Tom Martin Tom's Taxi

Address: 3513 Arrowhead Blvd Myrtle Beach S.C. 29579

Telephone No. _____ Fax No. _____

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No ✓
3. Are there currently any outstanding judgment (s) against Applicant?
Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes ✓ No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes ✓ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Thomas Martin
(Applicant's Signature)

Sworn to before me

At Myrtle Beach, SC

This 12 day of June, 2009

Joseph B. Sherry
(Notary Public)

Commission Expires: 9/12/15